

DECLARATION FOR USA PATENT APPLICATION

(including Design and National Stage PCT)

Attorney's Docket ID: _____

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below adjacent to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought

on the invention entitled INDEPENDENT CONTROL OF SQUEEZE PLATE VELOCITY DURING

FLASKLESS MOULDING

, the specification of which

is attached hereto. (or)

☒ was filed on 16.08.1999, [] and was amended on _____

[] as U.S. Application No. _____ or

[X] as International PCT Application No. PCT/DK99/00437

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 (a) - (d) or §365 (b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, where priority is not claimed, any foreign application for patent or inventor's certificate, or any PCT International application, having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) (____ ADDITIONAL APPLICATIONS IDENTIFIED ON ATTACHED SHEET):

Number	Country	Day/Month/Year Filed	Priority Not Claimed
_____	_____	_____	_____
_____	_____	_____	_____

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or §365(c) of any PCT International application designating the U.S., listed below; and insofar as the subject matter of each claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application. (____ ADDITIONAL APPLICATIONS IDENTIFIED ON ATTACHED SHEET.)

Application Serial No.	Day/Month/Year Filed	Status -- patented, pending, abandoned
_____	_____	_____
_____	_____	_____

I hereby appoint the practioners of **LARSON & TAYLOR** associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number.

CUSTOMER NUMBER: 00881

Direct all telephone calls to _____, at TEL (703) 739-4900 (Fax: 703-739-9577)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor	<u>Ole Anders JACOBSEN</u>	Citizenship	<u>Danish</u>
Full Post Office Address	<u>Vesterprisvej 13, DK-3220 Tisvildeleje, Denmark</u>		
Residence - City, State/Country (if different from P.O. address)	<u>Same as P.O. address</u>		
SIGN AND DATE HERE: Inventor's Signature: <u>Ole Anders Jacobsen</u>		Date: <u>31st October 2001</u>	
Full Name of Second Joint Inventor, if any	Citizenship		
Full Post Office Address			
Residence - City, State/Country (if different from P.O. address)			
SIGN AND DATE HERE: Inventor's Signature:		Date:	
Full Name of Third Joint Inventor, if any	Citizenship		
Full Post Office Address			
Residence - City, State/Country (if different from P.O. address)			
SIGN AND DATE HERE: Inventor's Signature:		Date:	
Full Name of Fourth Joint Inventor, if any	Citizenship		
Full Post Office Address			
Residence - City, State/Country (if different from P.O. address)			
SIGN AND DATE HERE: Inventor's Signature:		Date:	

SEE ATTACHED SHEET FOR SIMILAR INFORMATION AND SIGNATURE FOR ADDITIONAL JOINT INVENTORS.
LARSON & TAYLOR, 1199 North Fairfax Street, Suite 900, Alexandria Virginia 22314